

SCHEDULE 12

ATTACHMENT 1 - ANTHEM

ACS BENEFIT OFFERING TO TRANSFERRED EMPLOYEES

MASTER SERVICES AGREEMENT

REGARDING

DIVISION OF FAMILY RESOURCES MODERNIZATION PROJECT
By and Between

STATE OF INDIANA

ACTING ON BEHALF OF

THE FAMILY AND SOCIAL SERVICES ADMINISTRATION

And

INTERNATIONAL BUSINESS MACHINES CORPORATION

| | ACS PPO BENEFIT OFFERING | | | |
|---|--|--|--|---|
| | 2007 ACS BENEFITS | | | |
| FEATURES/COVERED SERVICES | ACS Anthem Traditional II Plan | | Select Value Plan | |
| Plan Characteristics | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Employee cost (monthly): | All employees | | <\$30,000, \$30,000-75,000, \$75,000+ | |
| Emp Only | \$122.16 | | \$18 / \$22 / \$29 | |
| Emp + Child(ren) | \$335.94 | | \$73 / \$82 / \$99 | |
| Emp + Spouse | \$335.94 | | \$86 / \$95 / \$116 | |
| Emp + Family | \$335.94 | | \$146 / \$161 / \$191 | |
| Employee Eligibility: | Employees currently covered by the state will receive benefits Day One. Employees without current coverage will use their tenure at the state to determine eligibility based on the schedule below: Exempt/Nonexempt & Base Pay > \$30K-1st of the month following 30 days Nonexempt & Base <\$30K-1st of the month following 90 days of Svc | | Employees currently covered by the state will receive benefits Day One. Employees without current coverage will use their tenure at the state to determine eligibility based on the schedule below: Exempt/Nonexempt & Base Pay > \$30K-1st of the month following 30 days Nonexempt & Base <\$30K-1st of the month following 90 days of Svc | |
| Dependent Eligibility | 19; 25 full time student | | 19; 25 full time student | |
| Annual Deductible(copays do not count towards meeting the annual deductible) | \$0 Individual (non-smoker) / \$500 \$0 Family (non-smoker) / \$500 | \$0 Individual (non-smoker) / \$500 \$0 Family (non-smoker) / \$500 | \$600 Individual 3x Family | \$1,200 Individual 3x Family |
| Annual Out-of-pocket Maximum (does not include deductible except for the Consumer Choice Plan which includes the deductible) | \$2,000 Individual 2x Family Co-mingled In/Out-of Network | | \$5,500 Individual 3x Family | \$11,000 Individual 3x Family |
| Lifetime Maximum | \$2,000,000 | | \$2,000,000 | |
| Annual Maximum: | | | | |
| Co-Insurance | 100% | 60% | 80% | 60% |
| Emergency Care: Hospital Emergency Room (and related lab, radiology, x-ray and other ancillary services) | \$75 copay, then 100% after deductible | \$75 copay, then 100% after deductible | \$100 copay (waived if admitted), then 80% after deductible | \$100 copay (waived if admitted), then 80% after deductible |
| Hospital Room and Board | \$500 copay per admission, then 100% after deductible (semi-private room rate) | 60% | \$200 copay per admission, then 80% after deductible (semi-private room rate) | \$500 copay per admission, then 60% after deductible (semi-private room rate) |
| Physician Services | \$20 copay, then 100% | 60% after deductible | \$25 copay, then 100% Specialist-\$45 copay, then 100% | 60% after deductible |
| Physician Lab/X-ray charges | Included above | Included above | Included above | Included above |
| Outpatient Surgery (other than in a physician's office) and Related Radiology, Lab and Ancillary Services | \$250 copay, then 100% after deductible | 60% after deductible | \$175 copay, then 80% after Deductible | \$300 copay; then 60% after deductible |
| Maternity Coverage (delivery) | \$500 copay, then 100% after deductible | 60% after deductible | \$200 copay, then 80% after deductible | \$500 copay, then 60% after deductible |
| Preventative/Wellness Benefits Physical Exams | \$20 copay, then 100% | 60% after deductible | \$25 copay, then 100%; \$500 calendar year maximum | 60% after deductible \$500 calendar year maximum |
| Annual Women's Exams (Pap and mammograms) | Covered under preventative/wellness benefits | Covered under preventative/wellness benefits | Covered under preventative/wellness benefits | Covered under preventative/wellness benefits |
| Well Baby Care | Covered under preventative/wellness benefits | Covered under preventative/wellness benefits | Covered under preventative/wellness benefits | Covered under preventative/wellness benefits |
| Chiropractic Care | \$20 copay, then 100% | 60% after deductible | \$45 copay, then 100% | 60% after deductible |
| Maximum Chiropractic Visits | 12 visit annual maximum (combined network & Non-network) | 12 visit annual maximum (combined network & Non-network) | 20 visit annual maximum | 20 visit annual maximum |
| Mental Health | Inpatient: \$500 copay, then 100% Outpatient: 100% | 60% after deductible | Inpatient: \$200 copay, then 80% after deductible Outpatient: 80% after deductible | Not Covered |
| Mental Health Maximums | No Maximum | No Maximum | Inpatient: 30 days Outpatient: 45 visits | Not Covered |
| Substance Abuse | Inpatient: \$500 copay, then 100% Outpatient: 60% | 60% after deductible | Inpatient:\$200 copay, 80% after deductible Outpatient: 80% after deductible | Not Covered |
| Substance Abuse Maximums | No Maximum | No Maximum | Inpatient: 30 days Outpatient: 45 visits Lifetime Max: 3 courses of treatment | Not Covered |
| Prescription Drugs -Copays | Retail: Generic (Tier 1) \$10 F Brand (Tier 2) \$20 NF Brand/Generic (Tier 3&4) 40% (\$40-\$100) Mail Order: 2X Retail (Except NF Brand max is \$150) | Retail: 40% Mail Order: Not Covered | Retail: Generic-15% (\$10 min/\$20 max) F Brand-25% (\$25 min/\$60 max) NF Brand-25% (\$40 min/\$100 Max) Mail Order: \$20/\$60/\$100 | Not Covered |

ACS EPO AND CONSUMER CHOICE PLAN OFFERINGS

| | 2007 ACS Benefits | | |
|--|---|--|---|
| FEATURES/COVERED SERVICES | Consumer Choice Plan | | |
| Plan Characteristics | In-NetWork Only | In-NetWork | Out-of-Network |
| Employee cost (monthly): | <\$30,000, \$30,000-75,000, \$75,000+ | <\$30,000, \$30,000-75,000, \$75,000+ | |
| Emp Only | \$105 / \$114 / \$132 | \$18 / \$22 / \$29 | |
| Emp + Child(ren) | \$247 / \$266 / \$298 | \$73 / \$82 / \$99 | |
| Emp + Spouse | \$274 / \$297 / \$335 | \$86 / \$95 / \$116 | |
| Emp + Family | \$417 / \$453 / \$522 | \$146 / \$161 / \$191 | |
| Employee Eligibility: | Employees currently covered by the state will receive benefits Day One. Employees without current coverage will use their tenure at the state to determine eligibility based on the schedule below: Exempt/Nonexempt & Base Pay > \$30K-1st of the month following 30 days Nonexempt & Base <\$30K-1st of the month following 90 days of Svc | Employees currently covered by the state will receive benefits Day One. Employees without current coverage will use their tenure at the state to determine eligibility based on the schedule below: Exempt/Nonexempt & Base Pay > \$30K-1st of the month following 30 days Nonexempt & Base <\$30K-1st of the month following 90 days of Svc | |
| Dependent Eligibility | 19, 25 full time student | 19, 25 full time student | |
| Employer HSA Contribution: | N/A | \$420 Single, \$840 Family | |
| Annual Deductible (copays do not count towards meeting the annual deductible) | \$200 Individual 3x Family | \$1,500 Individual 2x Family | |
| Annual Out-of-pocket Maximum (does not include deductible except for the Consumer Choice Plan which includes the deductible) | \$3,000 Individual 3x Family | \$3,000 Individual 2x Family | \$6,000 Individual 2x Family |
| Lifetime Maximum | \$2,000,000 | \$2,000,000 | |
| Co-Insurance | 90% | 80% | 60% |
| Emergency Care: Hospital Emergency Room (and related lab, radiology, x-ray and other ancillary services) | \$75 copay ,then 90% after deductible | 80% after Deductible | 60% after Deductible |
| Hospital Room and Board | \$350 copay per admission, then 90% after deductible (semi-private room rate) | 80% after Deductible | 60% after Deductible |
| Physician Services | \$20 copay, then 100% Specialist-\$40 copay, then 100% | 80% after Deductible | 60% after Deductible |
| Physician Lab/X-ray charges | 90% after deductible | 80% after Deductible | 60% after Deductible |
| Outpatient Surgery (other than in a physician's office) and Related Radiology, Lab and Ancillary Services | \$250 copay, then 90% after Deductible | 80% after Deductible | 60% after Deductible |
| Maternity Coverage (delivery) | \$350 copay per admission, then 90% after deductible | 80% after Deductible | 60% after Deductible |
| Preventative/Wellness Benefits Physical Exams | \$20 copay, then 100%; \$500 calendar year maximum | 100% no deductible | 60% after Deductible |
| Annual Women's Exams (Pap and mammograms) | Covered under preventative/wellness benefits | Covered under preventative/wellness benefits | Covered under preventative/wellness benefits |
| Well Baby Care | \$20 copay, then 100%; \$500 calendar year maximum | Covered under preventative/wellness benefits | Covered under preventative/wellness benefits |
| Chiropractic Care | \$40 copay, then 100% | 80% after Deductible | 60% after Deductible |
| Maximum Chiropractic Visits | 20 visit annual maximum | 24 visit annual maximum | 24 visit annual maximum |
| Mental Health | Inpatient: \$350 copay, then 90% after deductible Outpatient: 90% after deductible | In/Out Patient: 80% after Deductible | In/Out Patient: 60% after Deductible |
| Mental Health Maximums | Inpatient: 30 days Outpatient: 45 visits | Inpatient: No Maximum Outpatient: 45 visits/yr | Inpatient: 30 days/yr Outpatient: 20 visits/yr |
| Substance Abuse | Inpatient: \$350 copay, then 90% after deductible Outpatient: 90% after deductible | In/Out Patient: 80% after Deductible | In/Out Patient: 60% after Deductible |
| Substance Abuse Maximums | Inpatient: 30 days Outpatient: 45 visits Lifetime Max: 3 courses of treatment | Inpatient: No Maximum Outpatient: 45 visits/yr | Inpatient: 30 days/yr Outpatient: 20 visits/yr |
| Prescription Drugs - Copays | Retail: Generic \$10 F Brand \$25 NF Brand \$40 Mail Order: \$20/\$50/\$80 | 20% after Deductible | 40% after Deductible |

ACS DENTAL AND VISION OFFERINGS

| | 2007 ACS Benefits | | |
|--------------------------------------|--|---|---|
| <u>Dental Coverage</u> | <u>Basic Plan</u> | <u>Value Plan</u> | <u>Premium Plan</u> |
| Employee Cost (mthly): | | | |
| Emp Only | \$21.00 | \$28.00 | \$38.00 |
| Emp + Child(ren) | \$38.00 | \$45.00 | \$80.00 |
| Emp + Spouse | \$38.00 | \$45.00 | \$80.00 |
| Emp + Family | \$45.00 | \$63.00 | \$99.00 |
| Eligibility: | Employees currently covered by the state will receive benefits Day One. Employees without current coverage will use their tenure at the state to determine eligibility based on the schedule below: Exempt/Nonexempt & Base Pay > \$30K-1st of the month following 30 days Nonexempt & Base <\$30K-1st of the month following 90 days of Svc | | |
| | | | |
| Coverage | <u>In-Network/Out-of Network</u> | <u>In-Network/Out-of Network</u> | <u>In-Network/Out-of Network</u> |
| Preventative Services | 100% | 100% | 100% |
| Basic Services | 60% after deductible | 80% after deductible | 80% |
| Major Service | 40% after deductible | 50% after deductible | 50% |
| Orthodontia | 50% after Ortho deductible | 50% after Ortho deductible | 50% after Ortho deductible |
| | (Periodontics is under Basic) | (Periodontics is under Basic) | (Periodontics is under Basic) |
| Eligibility- Orthodontia | Child | Adult/Child | Adult/Child |
| Annual Max Benefit-Dental | \$1,000 | \$1,000 | \$1,500 |
| Lifetime Max-Orthodontia | \$1,000 | \$1,000 | \$1,500 |
| Ded. (calendar year) | | | |
| Individual | \$50 | \$50 | \$0 |
| Family | 3x | 3x | \$0 |
| Ortho Lifetime Deductible: | \$50/No Family | \$50/No Family | \$50/No Family |
| | | | |
| | 2007 ACS Benefits | | |
| <u>Vision Coverage</u> | <u>Vision Service Plan or Spectera</u> | <u>Coast to Coast</u> | |
| Employee cost (mthly): | | | |
| Emp Only | \$8.00 | | \$1.25 |
| Emp + Dependent | \$16.00 | | \$2.25 |
| Emp + Family | \$23.00 | | \$3.25 |
| Eligibility: | Employees currently covered by the state will receive benefits Day One. Employees without current coverage will use their tenure at the state to determine eligibility based on the schedule below: Exempt/Nonexempt & Base Pay > \$30K-1st of the month following 30 days Nonexempt & Base <\$30K-1st of the month following 90 days of Svc | | |
| | | | |
| | <u>In-Network</u> | <u>Out-of-Network</u> | <u>Discount Vision Plan</u> |
| Annual Eye Exam | \$15 copay (12 months) | \$43 | N/A |
| Lenses (1 x year) | \$15 copay (12 months) | \$40- \$80 reimbursement | N/A |
| Frames (1x 24 months) | \$15 copay and \$120 allowance | \$47 reimbursement | N/A |
| Contact Lenses (medically necessary) | \$15 copay (12 months) | \$210 reimbursement | N/A |
| | | | |
| Contact Lenses (elective) | \$105 Allowance | \$105 reimbursement | N/A |
| Laser Vision Correction | N/A | N/A | N/A |

ACS BENEFIT OFFERINGS

| Plans | ACS 2007 |
|-------------------------------------|--|
| Employee Stock Purchase Plan | |
| Eligibility: | 1st day of the calendar quarter following hire |
| Contribution: | Up to 15% of after-tax annual pay |
| Benefit Amounts: | Purchase company stock at a 5% discount |
| Enrollment Periods: | 4 Quarterly |
| Paid By: | Employee |
| Flex Spending Accounts | AETNA |
| Eligibility: | Coincides with H&W benefit eligibility |
| Medical Benefit: | \$5,000 |
| Dependent Care Benefit: | \$5,000 |
| Group Life Insurance | METLIFE |
| Eligibility: | Coincides with H&W benefit eligibility |
| Benefit Amounts: | 1 x's annual salary |
| Maximum Benefit: | \$500,000 |
| Paid by: | Employer |
| AD&D Insurance | METLIFE |
| Eligibility: | Coincides with H&W benefit eligibility |
| Benefit Amounts: | 1 x's annual salary |
| Maximum Benefit: | \$500,000 |
| Paid by: | Employer |
| Supp Life Insurance | METLIFE |
| Eligibility: | Coincides with H&W benefit eligibility |
| Benefit Amounts: | 1 to 5 x's annual salary (\$250,000 guaranteed issue) |
| Maximum Benefit: | \$500,000 |
| Paid by: | Employee |
| Supp AD&D Insurance | METLIFE |
| Eligibility: | Coincides with H&W benefit eligibility |
| Benefit Amounts: | Up to 10x annual salary or \$1,000,000 max |
| Paid by: | Employee |
| Dep Life Insurance | METLIFE |
| Eligibility: | Coincides with H&W benefit eligibility |
| Benefit Amounts: | Spouse at \$10,000 increments up to \$250,000 Children in \$2,000 increments up to \$10,000 |
| Maximum Benefit: | Spousal Coverage: Lesser of amount indicated above or 50% of EE Basic and Supp life |
| Paid by: | Employee |
| Supp Dep AD&D Insurance | METLIFE |
| Eligibility: | Coincides with H&W benefit eligibility |
| Benefit Amounts: | Spouse Only: 50% of ee amount |
| Paid by: | Employee |
| Business Travel Accident | |
| Eligibility: | Date of Hire |
| Benefit Amounts: | Flat \$250,000 |
| Paid by: | Employer |
| Short-Term Disability | METLIFE |
| Employee Cost | \$ 87, \$ 58, \$ 34 (All States Rate) |
| Eligibility: | Coincides with H&W benefit eligibility |
| Elimination Period | 7,14,30 day-Employee Choice |
| Benefit Amounts: | 60% of basic weekly earnings |
| Maximum Benefit | \$8,000 per month |
| Duration | 90 Days (12 weeks) |
| Paid by: | Employee |

ACS BENEFIT OFFERINGS

| Plans | ACS 2007 | | |
|----------------------------------|--|----------------------|-------------------------------|
| Long Term Disability | METLIFE | | |
| Eligibility: | Coincides with H&W benefit eligibility | | |
| Elimination Period | 90 days | | |
| Benefit Amounts: | 60% of base salary (Taxable benefit) | | |
| Maximum Benefit | \$15,000 per month | | |
| Paid by: | Employer | | |
| Optional Insurance | | | |
| Supp Long-Term Disability | UNUM | | |
| Eligibility: | Coincides with H&W benefit eligibility | | |
| Benefit Amounts: | Buy-up Disability based upon personalized quote | | |
| Paid by: | Employee | | |
| Cancer/Heart/Stroke Plan | | | |
| Eligibility: | Coincides with H&W benefit eligibility | | |
| | <u>Cancer Plan (ACS)</u> | <u>Cancer Select</u> | <u>Cancer Select Enhanced</u> |
| Amount of coverage | Approx. \$5,000 lifetime max | \$5,000+ | \$5,000+ |
| Paid by: | Employee (monthly) | Employee (monthly) | Employee (monthly) |
| Emp: | \$9.90 | \$20.30 | \$31.70 |
| Emp + Ch: | \$12.50 | \$24.50 | \$42.30 |
| Emp + Sp: | \$15.00 | \$27.46 | \$49.25 |
| Emp + Fam: | \$16.70 | \$30.16 | \$51.95 |
| Critical Illness | TRANSAMERICA | | |
| Eligibility: | Coincides with H&W benefit eligibility | | |
| Amount of coverage: | Personal Recovery Plus and Personal Accident Plus plans offered (coverage for employee and family) | | |
| Paid by: | Employee | | |
| Long Term Care | AETNA | | |
| Eligibility: | Coincides with H&W benefit eligibility | | |
| Amount of coverage: | Coverage Available for Employee and Family | | |
| Paid by: | Employee | | |
| Home and Auto | METLIFE | | |
| Eligibility: | Coincides with H&W benefit eligibility | | |
| Amount of coverage: | Coverage Available for Employee and Family | | |
| Paid by: | Employee | | |
| Pre-paid Legal | HYATT LEGAL | | |
| Eligibility: | Coincides with H&W benefit eligibility | | |
| Amount of coverage: | Coverage Available for Employee and Family | | |
| Paid by: | Employee | | |
| Veterinary Pet Insurance | METLIFE | | |
| Eligibility: | Coincides with H&W benefit eligibility | | |
| Amount of coverage: | Coverage for Dogs and Cats | | |
| Paid by: | Employee | | |

ACS SAVINGS PLAN OFFERING

| | ACS |
|--|--|
| Plan Type: | 401K |
| Record Keeper | ACS HCMS |
| Eligibility | First day of employment (company match begins after one year of service). If you are currently participating in the 401(k) plan at the state then you will be grandfathered for matching purposes. Otherwise, your tenure with the State will apply to our match eligibility. |
| Employee Contributions | 1% to 18% pre-tax |
| Employer Contributions | \$0.25 for each \$1.00 up to the first 6% of employee contributions (in ACS Stock) |
| Effective match | 1.5% of pay assuming 6% deferral. |
| Company Match Vesting | 1 yr of service - 0% 2 yrs of service - 50% 3 yrs of service - 100% |
| Earnings Assumption: | 7.25% rate of return |
| RETIREMENT ASSUMPTION | Age 65 |
| Contribution Schedule: | 45 pts 6% 45-54.99 pts 9% 55-64.99 pts 11% 65+ 13% |
| Retirement Contribution Vesting | Immediate Vesting |
| Loans | Permitted |
| Investment Options | Fidelity Equity Income Fund Fidelity Growth Company Fund Fidelity Low-Price Stock Fund Fidelity Diversified International Fund Fidelity Retirement MM Fund Spartan US Equity Index Fund PIMCO Total Return Adm PIMCO High Yield Adm Franklin Sm Cap Growth Fund Invesco Dynamics Fund Brazos/JMIC Real Estate Securities Fund Davis NY Venture A Vanguard Global Eq Fund Vanguard Balanced Index Fund Fidelity Freedom Income Fidelity Freedom 2000 Fidelity Freedom 2010 Fidelity Freedom 2020 Fidelity Freedom 2030 Fidelity Freedom 2040 BrokerageLink ACS Stock |
| Withdrawal Options | Age 59-1/2, "Safe Harbor" Hardship, Distribution at termination |
| Distribution Options | Lump sum and installments |
| Forfeitures | Applied to reduce expenses |